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| Fax: | 703-872-9328 | Pages: | 17 pages including cover sheet |
| Phone: | | Date: | 2/20/2003 |
| Re: | U.S. Serial No. 09/706,645 | CC: | |
| | Group Art Unit 3629 | | |
| | Docket No. YOR920000454US1 (13808) | | |

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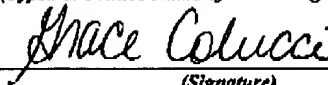
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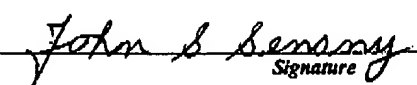
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1. Certificate of Transmission By Facsimile
2. Amendment Transmittal Letter (in duplicate)
3. Amendment Under 37 C.F.R. §1.111

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| CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8) | | | Docket No. |
| Applicant(s): Dimitri Kanevsky, et al. | | | YOR920000454US1 (13808) |
| Serial No. 09/706,645 | Filing Date November 6, 2000 | Examiner Jonathan P. Ouellette | Group Art Unit 3629 |
| Invention: VOLUNTEER NETWORK SUPPORT GROUP FOR PEOPLE WITH DISABILITIES | | | |
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| I hereby certify that this <u>AMENDMENT UNDER 37 C.F.R. §1.111</u> <small>(Identify type of correspondence)</small> | | | |
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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------|
| AMENDMENT TRANSMITTAL LETTER (Large Entity) | | | | Docket No. YOR920000454US1 (13808) | |
| Applicant(s): Dimitri Kanevsky, et al. | | | | | |
| Serial No. 09/706,645 | Filing Date November 6, 2000 | Examiner Jonathan P. Ouellette | | Group Art Unit 3629 | |
| Invention: VOLUNTEER NETWORK SUPPORT GROUP FOR PEOPLE WITH DISABILITIES | | | | | |
| <u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u> | | | | | |
| Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. | | | | | |
| CLAIMS AS AMENDED | | | | | |
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST # PREV. PAID FOR | NUMBER EXTRA CLAIMS PRESENT | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | 18 - | 20 = | 0 x | \$18.00 | \$0.00 |
| INDEP. CLAIMS | 3 - | 3 = | 0 x | \$84.00 | \$0.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | \$0.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$0.00 |
| <input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510/IBM A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. | | | | | |
|  John S. Sensay Registration No. 28,757 | | | Dated: February 20, 2003 | | |
| SCULLY, SCOTT, MURPHY & PRESSER 400 Garden City Plaza Garden City, New York 11530 (516) 742-4343 | | | <div style="border: 1px solid black; padding: 5px;"> I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231. _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence </div> | | |
| cc: | | | | | |